

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 013800002		CITY OR TOW	N BRIMFIEL	LD.
APPLICATION FOI	R RENEWAL:	Annual	LICE	LICENSED FOR 2013	
		CLASS			YEAR
LICENSEE NAME:	FRANCESCO FE	RRENTINO			
DOING BUSINESS	A FRANCESCO'S				
ADDRESS RTE. 20					
CITY/TOWN: BRI	MFIELD	STATE: N	ZIP CODE:	01010	
MANAGER:	TY	PE OF LICENSE	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR W LICENSED PREMI		OUR EMAIL ADDRESS		
2. the licens	red license will be of	the same type for all laws of the C	r the same premises no Commonwealth relating explain below)		
SIGNED BY	Individual, Partner	r or Authorized C	orporate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d by the building in	spector and the) the certificate requied of the fire departing the transfer department of the fire department of the transfer	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013800004	(CITY OR TOWN BRIM	FIELD
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSED FO	PR 2013 YEAR
LICENSEE NAME: JIGGITY LIQUO DOING BUSINESS A	R INC.		
ADDRESS 13 MAIN STREET CITY/TOWN: BRIMFIELD	STATE: MA	ZIP CODE: 01010	.
MANAGER: SPENCER, KEVIN TY F.			
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMI ONE STORY BUILDING WITH CELL CENTER OF BRIMFIELD BLDG CON I hereby certify and swear under penaltie 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	AR FOR STORAGE OF TAINING 4 EXITS as of perjury that: If the same type for the Same	N SOUTH S SIDE OF RT ame premises now licensed onwealth relating to taxes;	ı;
SIGNED BY Individual, Partne	r or Authorized Corpora	ate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual Sc	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU By:	JTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013800	307	CITY OR TOWN BRIMFIE	ELD	
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR	2013	
	CLASS		YEAR	
LICENSEE NAME: JOSEPI	H & SUZANNE COLLINS			
DOING BUSINESS A APPL	E BARN CAFÉ			
ADDRESS 52				
CITY/TOWN: BRIMFIELD	STATE: MA	ZIP CODE: 01010		
MANAGER: COLLINS, SUZANNE	TYPE OF LICENSE: R	estaurant CATEGORY	: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSE				
ONE STORU BLDG.1800 SQ ENTRANCES AND ONE RE		HROOM, DINING AREAS, TW	O FRONT	
I hereby certify and swear und	er penalties of perjury that:			
1. the renewed license	will be of the same type for the	ne same premises now licensed;		
2. the licensee has con	nplied with all laws of the Con	nmonwealth relating to taxes; and	I	
3. the premises are no	w open for business (If not exp	plain below)		
SIGNED BY				
Individ	ual, Partner or Authorized Corp	porate Officer		
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Individual Social Security Number)		
Acts of 2004, signed by the l	ouilding inspector and the he	he certificate required by Chap ad of the fire department for th surance required by Chapter 1	ie above	
Please Check Below:		LOCAL LICENSING AUTI	HORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 013800008		CITY OR TOWN	BRIMFIEL	.D	
APPLICATION FOR RENEWAL: Ann		Annual	LICEN	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME:	COUNTY LI	NE FARM & HARDW	ARE CENTER,INC.			
DOING BUSINESS	A					
ADDRESS 341 STU	RBRIDGE RO	AD				
CITY/TOWN: BRI	MFIELD	STATE: M.	A ZIP CODE:	01010		
MANAGER: CLA H.	RK,ROBERT	TYPE OF LICENSE:	Package Store Ca	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
		OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF						
		SQ.FT. BUILDING,TH RESIDENTIAL LIVIN		ORS AND T	WO	
 the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) 						
SIGNED BY	Individual, Pa	artner or Authorized Co	rporate Officer			
DATE: TELEPHONE		HONE NUMBER:	EMPLOYER IDENTIFICATION NU (Note: <u>NOT</u> Individual Social Security N			
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 013800010	CITY OR TOWN DRINIFIELD			
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	E: M.K. FUEL INC. S A COUNTY LINE	PACKAGE STORE			
ADDRESS 341 ST	TURBRIDGE ROAD				
CITY/TOWN: BI	RIMFIELD	STATE: MA	ZIP CODE:	01010	
MANAGER: AF	REDE, ANWAR TYI	PE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION O	F LICENSED PREMIS	SES:			
250 SQ FT OF FIR SQ FT MIXED US	RST FLOOR SPACE L SE BUILDING	OCATED IN SOUT	HWESTCORNER	OF EXISTIN	G 7100
	nsee has complied with nises are now open for Individual, Partner		lain below)	to taxes; and	
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED:]		LOCAL LICEN By:	ISING AUTHO	ORITY
DISAPPROVED:			·		
(If disapproved exp	olain)				
DATE:					
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